

SEP 12 2007

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/037,005
Filing Date	DEC. 21, 2001
First Named Inventor	MATZ
Art Unit	2623
Examiner Name	VAN HANDEL
Attorney Docket Number	01442

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:38516

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC				
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Scott P. Zimmerman

Date

Telephone

(919) 469-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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&
37 C.F.R. § 3.73 EXCLUSION OF INVENTIVE ENTITY**

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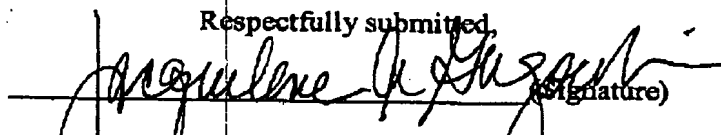
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